



INFORMED CONSENT ADDENDUM FORM

ID NUMBER:

FORM CODE: AICR

DATE 11/9/21
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: *This form is completed by project staff after the initial study informed consent is signed.*

A. CONSENT STATUS

1. Agree to allow information related to the delivery of my hearing aids and the hearing program to be included as part of my (or the participant I represent) research study record.

A = Agree

N = do NOT agree

2. Agree to participate (or to the participant I represent participating) in the extended follow-up visit(s) with the additional data collection.

A = Agree

N = do NOT agree

3. Agree to allow the Principal Investigators and ACHIEVE study team members to use data about my (or the participant I represent) hearing aid provided by the hearing aid manufacturer for study-related purposes.

A = Agree

N = do NOT agree